**Promotion of Indian System of Medicine**

5665. SHRI ANIL BASU :
SHRI BASUDEB ACHARIA :
PROF. JITENDRA NATH DAS :
SHRI HARADHAN ROY :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether his Ministry has issued any guidelines to different Central Government departments to promote and encourage Indian system of medicines;

(b) if so, the details thereof;

(c) whether the Government are aware that doctors of Indian system of medicines are not getting same benefits being received by the doctors of modern systems of medicine;

(d) if so, the details thereof; and

(e) the steps taken by the Government in this regard ?

THE MINISTER OF TEXTILES (SHRI R.L. JALAPPA): (a) and (b) The Government have set up a new Department of Indian System of Medicine in March, 1995 for the development and promotion of these systems including Yoga and Naturopathy in the country. The fifth conference of Central Council of Health and Family Walfare held on 8-10 January, 1997, Ist Conference of Ministers of health dealing with Indian System of Medicine and Homoeopathy held on 18th February, 1997 adopted certain Resolutions for implementation. The Department of Indian Systems of Medicine and Homoeopathy is taking steps to implement the Resolutions adopted by both the Conferences through State Government and Central Government Departments. A copy of the Resolutions adopted has been sent to the concerned Ministries/Department of Government of India for taking necessary action. A copy of the same is attached as Statement.

(c) and (d) Except for time-bound promotions from medical Officer to the level of Senior Medical Officer and from Senior Medical Officer to level of Chief Medical Officer, all the benefits such as Non-practising Allowance, Post-Graduate Allowance, Conveyance Allowance and Book Allowance are at par with these of the Allopathic doctors.

(e) The Department had already recommended to the Fifth Central Pay Commission to give parity to ISM & H doctors with their allopathic counter parts in all service matters. The recommendations of the Pay Commission are under examination of the Government.

**Statement**

*Conference of the State Health Ministers on Indian Systems of Medicine & Homoeopathy*

**WORKING GROUP I**

**Medical Education in ISM & H**

| | | |
|---|---|---|
| 1. | HFM, West Bengal | Chairman |
| 2. | MOS, Himachal Pradesh | Co-Chairman |
| 3. | Secretary (Health) West Bengal | Member |
| 4. | Secretary (Health) Himachal Pradesh | Member |
| 5. | Director (ISM&H) Rajasthan | Member |
| 6. | Director (ISM&H) Andhra Pradesh | Member |
| 7. | Vd. Sriram Sharma President, CCIM, Bombay | Member |
| 8. | Dr. S.P.S. Bakshi President CCH, New Delhi | Member |
| 9. | Dr. S.K. Bhattacharya Director I/C, National Inst. of Homoeopathy, Calcutta | Member |
| 10. | Dr. I. Sanjeeva Rao Hyderabad | Member |
| 11. | Dr. O.P. Tiwari (Y&N) Lonawala, Maharashtra | Member |
| 12. | Dr. B. Radha Krishnan Jr. Specialist Govt. of Pondichery | Member |
| 13. | Dr. S.M. Arshad Principal, Unani College, Mumbai | Member |
| 14. | Dr. Ravi M. Nair Principal, Govt. Homoeopathic Medical College, Trivandrum | Member |
| 15. | Dr. S.K. Sharma Advisor I/C (Ayurveda) | Convenor |
| 16. | Dr. (Mrs.) Alia Aman Deputy Adv. (Unani) | Co-convenor |
| 17. | Dr. M.L. Sharma Dy. Advisor (Ayurveda) | Co-convenor |

**WORKING GROUP II**

**RESEARCH AND DEVELOPMENT IN ISM&H**

| | | |
|---|---|---|
| 1. | HFM, Kerala | Chairman |
| 2. | MOS, Madhya Pradesh | Co-Chairman |
| 3. | Secretary (Health) Madhya Pradesh | Member |
| 4. | Director ISM&H, Gujarat | Member |
| 5. | Director ISM&H, Himachal Pradesh | Member |
| 6. | Vd. Balendu Prakash, Dehradun | Member |
| 7. | Dr. Jai Prakash Narain Bangalore | Member |
| 8. | Dr. B.N. Chakraborty Howrah, Calcutta | Member |
| 9. | Dr. V.T. Augustine Ex. Adv. (Homoeopathy), GOI New Delhi | Member |
| 10. | Dr. Khalid Siddiqui Dir., CCRUM | Member |
| 11. | Hakim Mobin Khan Mumbai | Member |
| 12. | Dr. G. Veluchamy Dir., GRIS, Chennai | Member |
| 13. | Dr. Naresh Kumar Dir., CCRYN | Member |
| 14. | Dr. H.R. Nagendra (Y&N) Bangalore | Member |
| 15. | Dr. D.P. Rastogi Director CCRH | Convenor |
| 16. | Dr. Eswara Das Assistant Adv. (Homoeopathy) | Co-convenor |

**WORKING GROUP III**

**Drug Standardisation and Availabity of Raw Material in ISM&H**

| | | |
|---|---|---|
| 1. | HFM, Orissa | Chairman |
| 2. | M(H) Gujarat (Dr. Anil Joshiava) | Co-chairman |
| 3. | Secretary (Health) (Mr. Poormalingam) Tamil Nadu | Member |
| 4. | Secretary (Health) (VRS Cowlagi) Gujarat | Member |
| 5. | Director ISM&H Madhya Pradesh | Member |
| 6. | Director ISM Kreala | Member |
| 7. | Dr. S.K. Mishra Delhi | Member |
| 8. | Dr. A. Namjoshi Chairman APC, Mumbai | Member |
| 9. | Dr. Khaleefattullah Chairman, UPC, Chennai | Member |
| 10. | Dr. R. Kannan Chairman SPC, Trichy | Member |
| 11. | Dr. R.U. Ahmed Director, PLIM | Member |
| 12. | Vikramaditya Director, I/C HPL | Member |
| 13. | Dr. R.S. Madan (Homoeopathy) Allahabad | Member |
| 14. | Hakim Saifuddin Ahmad Honorary Adv. (U), GOI | Member |
| 15. | Dr. Nayanappa Chief Botanist Tampcol, Chennai | Member |
| 16. | Dr. L.K. Diwedi MD, IMPCL | Member |
| 17. | Dr. H.R. Goyal Director CCRAS | Convenor |
| 18. | Dr. S.P. Singh Deputy Adv. (Homoeopathy) | Co-convenor |

**WORKING GROUP IV**

**Information, Education & Communication, Budgeting and Organisation of ISM&H**

| | | |
|---|---|---|
| 1. | HFM, Haryana (Smt. Kamla Verma) | Chairman |
| 2. | M.O.S. (H) Manipur (Dr. Chattonlieu Amo) | Co-chairman |
| 3. | Secretary (Health) Delhi | Member |
| 4. | Secretary (Health) Manipur | Member |
| 5. | Director, ISM&H Haryana | Member |
| 6. | Director, ISM&H Maharashtra | Member |

| | | |
|---|---|---|
| 7. | Director, Homoeopathy Kerala | Member |
| 8. | Vd. Devendra Triguna New Delhi | Member |
| 9. | Dr. K.P. Mazumdar Mumbai | Member |
| 10. | Dr. V. Subramanian TAMPCOL, Chennai | Member |
| 11. | Dr. R.K. Manchanda Delhi | Member |
| 12. | Sh. I.S. Nagrani Dir., NIM, Pune | Member |
| 13. | Shri Kanwar Rajinder Singh Director (ISM&H) | Convenor |
| 14. | Shri O.S. Veerwal Director (ISM&H) | Co-convenor |

**WORKING GROUP V**

**Role of ISM&H in National Health and Family Welfare Programmes**

| | | |
|---|---|---|
| 1. | HFM, J & K | Chairman |
| 2. | MOS, Rajasthan | Co-chairman |
| 3. | Commissioner & Secretary (Health) Bihar | Member |
| 4. | Secretary Ayurved and FW Rajasthan | Member |
| 5. | Director ISM&H Karnataka | Member |
| 6. | Director, ISM, U.P. | Member |
| 7. | Director (Homoeopathy), U.P. | Member |
| 8. | Vd. Nanak Chand Sharma Delhi | Member |
| 9. | Dr. Jugal Kishore New Delhi | Member |
| 10. | Hakim Madan Swarup Gupta Delhi | Member |
| 11. | Dr. Anand Kumar Chennai | Member |
| 12. | Dr. J.R. Krishnamoorthy Chennai | Member |
| 13. | Director ISM&H Govt. of T.N. Chennai | Member |
| 14. | Dr. C.H.S. Shastry Director NIA, Jaipur | Convenor |
| 15. | Dr. M.A. Kumar Asst. Adv. (Siddha) | Co-convenor |

**WORKING GROUP I**

**Medical Education in ISM & H**

**Recommendations on Action Plan to implement the CCH&FW Resolutions dated 8-10 January, 1997, relating Education in Indian Systems of Medicine and Homoeo-pathy.**

**A. Resolutions of Action Plan relating Education and Training in Indian Systems of Medicine and Homoeopathy.**

**1. Relating Minimum Standards of Education**

(i) Central Council of Indian Medicine (CCIM) & Central Council of Homoeopathy (CCH) should organise required meetings, workshops of various sub-committees of the Councils in order to rationalise minimum standards for UG and PG education which could be implemented through out the country. CCIM and CCH should complete this activity within a period of three months.

(ii) CCIM and CCH should draw guidelines/plan of Action of enforcing these minimum standards in a phased manner for newer and older colleges. This should include the infrastructure required for completion while admitting the students for first professional, second professional and third professional so that at the end of final year, the minium standards are achieved in a college.

(iii) After getting the recommendations from the CCIM and CCH regarding standards, the Government of India will notify with in a period of 2 months.

(iv) State Governments will draw up phased Plan of Action to achieve the minimum standards in all government/non-government Colleges within the period of 9th Plan. The phased manner development will be equally applicable to Government/Semi-Governments of private Bodies which will be submitting the progress Report of the development of standard every year to the

State Governments, CCIM/CCH & Government of India.

2. **Mushroom growth of sub-standard of ISM & H Colleges.**

(i) CCIM and CCH will submit a draft amendment in their Act to check the substandard mushroom growth of colleges on the pattern of MCI. These amendments should include heavy penalties for non-compliance to persons and institutions.

(ii) To open a new college or to extend permission to admit students in the existing colleges, for prior permission of state governments, concerned universities and CCIM/CCH should be made essential. Provision to withdraw the permission to admit students in ISM&H college should also be incorporated in the amendments of CCIM and CCH Acts.

(iii) Government of India will notify the amendment within a month after getting it from the CCIM/CCH

(iv) Government of India, State Governments, Universities, Boards, CCIM/CCH, all should work in coordination and ensure that only those new colleges are allowed to run which fulfil the requirement of minium standards.

(v) Proper guidelines should be formed for opening new colleges clarifying the requirements while admitting students in 1st year, 2nd year, 3rd year and 4th year. The second batch of students should not be allowed till the requirement of earlier year is completed. CCIM/CCH should formulate the guidelines within three-months. Till the new guidelines are notified by Government of India, no new college should be allowed to admit students.

3. **Separate admission test for Ayurveda, Unani Siddha & Homoeopathy Colleges.**

(i) Admission test/Entrance Test for Ayurveda, Unani, Siddha, Homoeopathy, Yoga and Naturopathy colleges should be conducted separately. This will help in selecting candidates with an interest in the systems. State Governments who are admitting students on merit-basis may continue the existing procedure. Both these alternatives should be implemented for admission in ISM&H colleges from the coming academic year.

(ii) To provide opportunities for post-graduate studies for the candidates throughout the country, a Joint Entrance Test for admitting students in National Institute of Ayurveda, Jaipur, Faculity of Ayurveda, BHU, IPGTR, at GAU Jamnagar, should be conducted from the coming academic year.

4. **Allocation of more resources for UG and PG colleges.**

(i) State Governments should allocate separate resources for UG and PG colleges of ISM & H in their respective States.

(ii) The UG and PG institutions should generate their resources by evolving a suitable fee structure, hospital charges by improving the facilities to the patients, procuring research projects on different issues. This will improve the infrastructure as well as standard of teaching and training in the institution.

(iii) Central Government should formulate a proper scheme to support certain UG and PG institutions which could be brought to a certain level of standards decided by CCIM/CCH. Provisions for PG trainees from the states where there in no PG College of ISM&H should also be made in the PG Scheme.

5. **Reorientation training to teachers, physicians and private practitioners, researchers and para-medical persons.**

(i) Reorientation training programmes for inservice/ Govt. semi-Governments teachers, Research physicians and private practitioners should be organised in a big way by State and Central Government. For teachers it should be made essential to undergo reorientation training periodically.

(ii) State Government should also allocate some funds for these training programmes.

(iii) State Government/Societies, running teaching institutions should grant leaves/TA, etc. for their staff while undergoing the training. Permissions/ leave etc. should be granted without much delay.

(iv) The good teaching institutions having required infrastructure and teaching faculty should be identified where regular training programmes could be imparted. Some selective good

institutions for training should formulate the modules of training and explicit course contents, guidelines for the training programmes. The Schedule of training period, etc. should be circulated well-in-time to all the teaching institutions, Directors of ISM & H and professional associations to get the suitable candidates for this purpose.

(v) Department of ISM & H should also approach the Department of Family Welfare and other funding agencies to get funds for imparting training in mother and Child Health and Family Welfare Programmes for ISM & H Doctors.

(vi) Directors, Deputy Directors, Managers, Hospital Superintendents and Principals of ISM & H colleges should be given management training of suitable duration to improve their managerial skills. The State Governments will spare their Officers with TA/DA and the Government of India will incorporate this scheme in the re-orientation training programme decided by the Department of ISM & H.

(vii) CCIM/CCH should make it mandatory that every teacher below the rank of Reader must reorient himself/herself once in 5 years. This should be recorded as a plus point in their Confidential Records.

**6. Opening of Pharmacy and Nursing Colleges of ISM & H.**

(i) State Government/Central Government should open separate degree level colleges of pharmacy and Nursing, Diploma in Pharmacy, etc., affiliation with Pharmacy Council of India in Nursing Council of India should also be sought, otherwise some alternative arrangement should be made.

(ii) Department of ISM, GOI has started some action in this regard to formulate the syllabi and course contents for these courses.

**7. Development of National Institutes of ISM & H.**

National Institutes like National Institute of Ayurveda, Jaipur, National Institute of Homoeopathy, Calcutta, Institutes of Postgraduate Training and Research, Gujarat Ayurveda University, Jamnagar, Faculty of Ayurveda, Banaras Hindu University, Faculty of Unani, Aligarh Muslim University and Hamdard Faculty of Unani be strengthened as apex teaching institutions in the country. The National Institute of Unani Medicines at Bangalore, National Institute of Naturopathy, Pune, should be strengthened. National Institutes of Siddha, Chennai and National Institute of Yoga, Delhi should be established in 9th plan.

**8. Teachers of ISM & H Colleges.**

Teaching cadres for teachers of ISM & H be separated from the general cadre of the Physicians of ISM & H in the state Governments.

All State Governments/Colleges running bodies should formulate a separate teaching cadre for teachers with requisite qualifications. The post-graduate qualification in the concerned subject/allied subject should only be allowed as teacher which will have long-term effect to improve the standard of teaching.

**9. Pay-scales/promotional avenues of teachers for ISM & H**

Pay-scales/promotional avenues of teachers for ISM & H colleges should be on the UGC pattern to attract talented persons.

State Governments/Private bodies running the UG and PG colleges should revise the pay-scales and promotion avenues of the teachers on the pattern of UGC. Teaching should be non-practicing (with NPA).

**10. Arrangements of States for those colleges and UTs where there are teaching institutions of ISM & H.**

(i) There are States like – Jammu & Kashmir (J&K), Manipur, Tripura, Mizoram, Nagaland, Arunachal Pradesh etc. and UTs like – Andaman & Nicobar Islands, Daman & Diu, etc. where there is no provision of ISM & H institutions. North-East States as well as J&K have strong beliefs in Indian medicines and traditional folk medicines. Therefore, these State Governments should allocate some funds and make arrangements to sponsor the students for undergoing various training courses in other states where the facility is available.

(ii) State Governments should earmark seats in their better colleges for those States where there is no ISM & H colleges.

**11. Inclusion of the Fundamental concepts of Ayurved, Unani, Siddha, Yoga and Naturopathy components in various graduate level course of each other systems/therapies.**

There are number of similarities in the Ayurveda,

Unani, Siddha systems of Medicines, and therapies of Yoga and Naturopathy. There is need to incorporate the fundamentals of these systems in the degree courses contents of other Indian Systems of Medicines. After having the knowledge about these Indian Systems of Medicines, there is a scope that a practitioner of Ayurveda may prescribe or adopt some of the popular and potential therapies of Unani, Siddha, Yoga & Naturopathy also and vice-versa. CCIM may consider this issue while deciding the course contents.

**WORKING GROUP II**

**Research and Development in ISM&H**

1. Resolved that there is need to consolidate and strengthen the Central Research Councils i.e. CCRAS, CCRUM & CCRH. keeping in view the availability and the requirement of the individual project, adequate staff and resources, that this may be implemented before 31.12.1997.

2. Resolved that the Central Research Councils may take up research studies on National Health and Family Welfare Programmes urgently.

3. Resolved that Universities, public and Private Research Organisation at National and International level who have requisite infrastructural facilities., be associated in R & D through time bound extra-mural projects from Research Councils/Departments of ISM & H.

4. Resolved that research may be carried out in the following important areas

   a. Drug proving (including clinical verifications and Pharmacological basis of therapeutic uses).

   b. Drugs safety, standardisation/pharmacopoeial standards.

   c. Research relating to various National Health Programmes.

   d. Work on those diseases for which modern therapy have no cure

   e. Preventive and curative role of ISM & H in various epidemics.

   f. Research work relating to promotive health and preventive and social medicines.

   g. Literary research/translation and publication of rare books especially in ISM.

   h. Research work on folk/tribal community oriented medicinal plants as well as non medicinal plants as of today.

   i. Agronomy/Agro techniques of medicinal plants etc.

   j. Pharmacognosy/phytochemistry of medicinal plants.

   k. Research on maintenance of good physical and mental health/personality development.

5. Resolved that in order to carry out the research on scientific lines and to have uniformity, the research guidelines of WHO for evaluating the safety and efficacy of herbal medicines may be followed.

6. There should be a directory to institutes of engaged in research in government, non-government and private sectors with their specialities, field to interest and achievements of develop a harmony among these institutes.

7. There should be annual research awards for outstanding contribution in all the field of ISM&H.

**WORKING GROUP III**

**Drug Standardisation and Availability of Raw Material**

*A. Recommendation on Drug Standardization and Availability of Raw Material*

**1. Resolution of CCH**

**There is need to evolve pharmacopoeial standards for ISM & H. Public sector research institutions should be associated in this work on project basis. Efforts be made to complete this work within the 9th Plan period.**

**RECOMMENDATIONS :**

Resolved that the Group III is of opinion that there is need to evolve pharmacopoeial standards for ISM & H – single and compound drugs in addition to strengthening the existing PLIM and Homoeopathic pharmacopoeial Laboratory. Government should take the assistance of other Government research organisations/laboratories in private and public sector as also the appropriate University Departments and Departments in the affiliated Institutions (colleges) involving the Postgraduate guides and P.G. students for working standards for the drugs. Further, the ISM & H Pharmacopoeia Committees should process and data so produced taking assistance of PLIM and HPL. Having taken this decision, the necessary amendments be made in the Drugs & Cosmetics Act accordingly.

*i). Pharamacopoeial Work :*

**ACTIONS**

(i) Deptt. of ISM & H, Ministry of Health & F.W. for identification of scientific institutions.

(ii) Survey units of CCRAS, CCRUM, CCRH for supply for authentic raw drug samples.

(iii) IMPCL, Mohan (U.P.) for supply for standard compound formulations of ISM.

2. **Resolution of CCH**

**Pharmacopoeial Laboratory for Indian Medicine and Homeopathy Pharmacopoeial Laboratary, Ghaziabad should be strengthened by providing adequate funds.**

**RECOMMENDATIONS**

The Group recommends that the PLIM and HPL at Ghaziabad be adequately strengthened by providing infastructure consisting of buildings, equipment and adequate additional staff besides the fillingup of present vacanacies.

**Action : Deptt. of ISM&H, Ministry of Health & F.W.**

3. **Resolution of CCH :**

**"State Govt. Should develop their own drug testing laboratories.**

**RECOMMENDATION**

The Group recommends that the State Governments should take steps to develop their own separate ISM & H Regional Drug Testing Laboratories providing adequate funds and technical staff.

**Development of state drugs testing laboratories.**

All the State Govt. Should develop their own testing laboratories for ISM & H drugs on the pattern of existing PLIM and HPL.

**Action : State Govts.**

4. **Resolution of CCH**

**To maintain quality control of ISM&H drugs, State Govts. should appoint more Drug Inspectors having qualifications and training in these systems of medicines.**

**RECOMMENDATION**

The Group recommends that the steps should be taken in all major States to establish separate Drug Control Department having a Drug Controller, Deputy Drug Controller and other necessary administrative staff and headquarters having atleast one Drug Inspector with proper background of the system and who will work under the Asstt. Drug Controller appointed on Zonal basis. In smaller States Deputy and Asstt Drug Contollers and requisite number of Drug Inspectors may be appointed and attached with the existing Drug Controllers in the States.

The Group also recommends that the fresh Drug Inspectors of ISM & H be provided with a crash course/ training for a period of three months in Drug Regulation and Quality Control of ISM & H Drugs at PLIM and HPL, Ghaziabad.

5. **Resolution of CCH**

**"The Drug Control Cell in the Deptt. of ISM & H should be strengthened.**

**RECOMMENDATION**

The Group recommends that the "Drug Control Cell" in the Department of ISM & H should be headed by an officer of the rank of joint Drug Controller (ISM & H) and should have the following staff :-

1. Deputy Drugs Controller (ISM & H)

2. Asstt. Drug Controller . . 4

(1 each from the discipline of Ayurveda, Siddha, Unani and Homoeopathy)

3. Drug Inspectors . . 8

(2 from each of the disciplines of Ayurveda, Siddha, Unani and Homoeopathy)

6. **Resolution of CCH**

**Need to formulate a National Policy of ISM & H drugs,**

**RECOMMENDATION**

The Group recommends that the Government should formulate and publish its National Policy on ISM & H which may serve as a reference source for the pharmaceutical industry of ISM & H explaining its stand on the following:-

(1) Status of health care system and role of ISM & H.

(2) Protocol of Standardization & Quality control.

(3) Protocol of Research & Development work

(4) Rational Policy in consumer interest.

(5) Source of availability of raw material i.e. hebs, minerals, metals, marine and animal products.

(6) Import & Export of raw drugs.

(7) New inventions/New ISM&H drugs, provisions to include new drugs under ISM&H.

(8) Intellectual property right/patent.

**Action: Deptt. of ISM & H, Ministry of Health & F.W.**

7. **Resolution of CCH**

**"The Departments may consider introducting a scheme on the pattern of Agmark. 'Ayush' may be considered for this purpose. Only those products which are manufactured in accordance with the standards laid down and prescribed in the official pharmacopias and formularies be granted permission to use "Ayush". Existing staff for the Govt. Of India, Deptt. Of ISM & H and State Govt.. should be given power to make inspections for ensuring minimum standards od ISM & H.**

**RECOMMENDATION**

The Group recommends that with a view to display the source of standard of a drug marketed, the name of authentic source of the standard of the drug. the name of the Pharmacopoeia/Formulary in abbreviation ought to be mentioned after the name of the drug/formulation such as :-

| | | |
|---|---|---|
| Ayurvedic Pharmacopoeia | = | A.P. |
| Ayurvedic Formulary of India | = | A.F.I. |
| Siddha Pharmacopoeia | = | S.P. |
| Siddha Formulary of India | = | S.F.I |
| Unani Pharmacopoeia | = | U.P. |
| Unani Formulary of India | = | U.F.I. |
| Homoeopathic Pharmacopoeia | = | H.P.I. |
| Homoeopathic Formularly of India | = | H.F.I. |

**INTELLECTUAL PROPERTY RIGHT/PATENT CELL OF ISM & H.**

**Resolution of CCH**

**Some plant products like Haldi powder, derivatives of Neem and Brahmi are being patented in United States. The work of applying for patents is highly technical. Scientists working in the field of ISM & H are not conversant with the procedures. Therefore, a "Patent cell" be established in the Department which could take care of the country's heritage in this regard.**

**RECOMMENDATION**

The Group recomends to the Government to establish a PATENT CELL under the Department of ISM & H within a period of three months which should be entrusted with the work of establishing the heritage of several of the ISM drugs. In the meantime the Government should take immediate steps without any further loss of time and challange the orgionality of the therapeutic properties of the drugs invogue in India for thousands of years and being exploited by the patenting countries.

**Implementation of Measures for increasing availabilityof raw materials used in ISM & H**

(1) The Coference resolves to recommend that the Central Government/State Governments shall take immediate steps for :

(i) Listing of Medicinal Plants/animals & other substances used in ISM & H and their distribution mapping;

(ii) survey and collection of medicinal substances, live and dry, their Germ Plasm, Folklore;

(iii) In-situ conservation through protection from exploitation, through cultivation, propagation and introduction in natural habitats.

(iv) Ex-situ conservation through preservation of Germ plasm & propagation in other viable agroclimatic areas;

(v) Introduction of exotic genera & species for medicinal purposes;

(vi) Creation of conservation Reserves and cultivation Centres in colloboration with Forest Department/Universities/Scientific organisations;

(vii) Cooperative farming, Making suitable cheap and fertile waste land available for the purpose, in suitable agroclimatic zones by state Govts.

(viii) Creation of National data base and a Germ plasm centre on ISM & H drug substances;

(ix) In service training for personnel engaged in programme for implementation of National Policy on Medicinal substances;

(x) Creation of a Central Arboreum;

(xi) Monitoring, evalution & Implementation of the Policy.

2. The conference resolves to recommend that the Central Govt. as well as the State Govts. Shall take immediate steps to evolve proper agrotechniques for propagation of medicinal plants and Tissue culture techniques for mass propagation. State Govt. will help in making available fertile land/waste land for cultivation purposes for cooperative farming and cultivation centre and scientific organisations for the purpose.

3. The Conference resolves to recommend that the Central Govt./State Govts. shall take immediate steps for rearing of animals used for preparation of drugs used in ISM&H.

4. The conference resolves to recommend that the Central Govt. as well as the State Govts. shall take immediate steps for setting up of Medicinal Plants Gardens as well as Vanaspati Vans.

5. Realistic date on availability of medici* plants and their quantity be made available and* with in 3 months.

6. Herbal cultivation be started urgently.

7. Help of NGOs and private agencies be also sought.

**WORKING GROUP IV**

**Information, Education & Communication, Budgeting and Organisation of ISM & H**

Working Group on Information, Education & Communciatiion, Budgeting and Organisation of ISM & H under the Chairmanship of Mrs. Kamala Varma, Minister of Helath & Family Welfare, Govt. of Haryana and under the Co-Chairmanship of Dr. Chaltonlien Amo, Minister of State for Health, Manipur made the following recommendations for adoption as Resolutions.

1. The conference of Ministers of ISM & H resolves to recommend to the Central Govt. to have a separate Advisor for ISM & H in the Planning Commission.

2. The Conference of Ministers expressed its concern about the meagre funds made available by Planning Commission to the Deptt. ISM & H for the year 1997-98. The Conference therefore resolves to recommend to the Planning Commission to make additional resources available to the Deptt. of ISM & H at the Revised Estimates stage for the year 97-98 and for the remaining period of 9th Plan and that additional resources shall also be made available by the Planning Commission to the State Govts. as well during the 9th Plan.

3. The Conference resolves that the State Govts. out of their total budget allocation for the Health Sector, shall separately earmark budget for the development of ISM & H Homoeopathy.

4. The Conference resolves that the Central Govt. as well as the State Govts. shall set aside adequate funds for IEC of the Indian Systems of Medicine and Homoeopathy.

5. The Conference resolves to recommend that the Central Govt. shall prepare Centrally Sponsored Scheme for IEC for Indian Systems of Medicine & Homoeopathy.

6. The Conference resolves to recommend that the State Govts. shall hold at least 2 health Melas in a year especially in rurual areas highlighting the strengths of ISM & H.

7. The Conference resolves to recommend that the State Govts. shall prepare in the local language pamphlets etc. for free distribution.

8. The Conference resolves to recommend that in those States where separate Directorate of ISM & H has not been set up action shall be taken up to set up the same at the earliest and that as per the acceptability of a particular system in the respective State each State shall have separate Director for such a system.

**WORKING GROUP V**

**Involvement of ISM&H Practitioners in National Health Programmes**

**Recommendations on Involvement of ISM&H Practitioners in National Health Programmes**

The working Group unanimously makes the following Resolutions :

1. There are about six lakhs paractitioners of ISM&H at grass root level mostly in rural areas where they command respect among the population. A majority of them are institutionally qualified and trained and they have some modern knowledge of the diseases, theiir prevention, etc. Their services can be utilised in executing various National Health Programme by giving them a short term training and by making them acquainted with the National Health Programmes.

For various activities under Family Welfare Programme,

a six day package course is being made available in various District Training Units. Similarly, for Malaria, Filaria, Kala Azar, Encephalitis, Cataract, TB, Denugu, Yellow Fever, etc. a short term training course for a week is available at District Malaria Offices.

By Providing a combined package of these two programmes, the ISM&H Practitioners can be trained in educating the public about these diseases, theiir prevention and diagnosis by clinical examination and by blood smear examination etc. wherever necessary. Doubtful and postive cases may be referred to proper referral Centres. They can also supervise the spray squads for controlling vector in identified areas. They can also be trained in IUCD insertion and in the use of other contraceptive devices. They can well be utilised in various immunisation programmes.

Wherever necessary, if separate trainings are felt required for such, programmes from ISM&H doctors, the services of District Hospitals, NICD, New Delhi, NIN, Hyderabad, AIIH, Calcutta, NIHFW, New Delhi etc. can also be utilised.

It is also recommended that Government of India may consider use of :

a. Ayush 64/HE4 as presumptive treatment in NMEP.

b. Cineraria in preventions of Cataract.

c. Use of scientifically evaluated medicines found effective in Siddha, Homoeopathy and Ayurveda in AIDS Control Programme.

d. In case the effective drugs for prevention and treatment of diseases and measures for promoting Health, are not available under ISM&H, the standard drug regimens under the national programmes be allowed to be used by the practitioners of ISM&H. If there are legal hurdles, the legislation be suitably amended.

## WORKING GROUP V

### Indian Systems of Medicines and Homoeopathy

The Vth Working Group of the Central Council for Health & Family Welfare held on 8th to 10th January, 1996 concerning Indian Systems of Medicine and Homoeopathy under the Chairmanship of Shri Partha De, Minister of Health & Family Welfare, West Bengal and Co-Chairmanship of Dr. Harshwardhan, Minister of Health & Family Welfare, Govt. Of NCT, Delhi made the following recommendations for adoption as resolutions for CCH&FW.

**A. Issues relating to education and Training in Indian Systems of Medicine & Homoeopathy**

1. Minimum standards formulated by Council of Medicine and Central Council of Homoeopathy require rationalisation and thereafter strict enforcement in all the teaching institutions in the country.

2. To check the mushroom growth of sub-standard ISM & H Colleges, the CCIM and CCH Acts need to be amended. Guidelines, with penalties for non-compliance need to be issued for the period from the stage of an application ofr setting up a college to the stage of recognition and qualification. Project Report for new college should be approved by GOI in addition to the prior approval of the CCIM/CCH and the University concerned.

3. Admission tests/Entrance tests for Ayurveda, Unani, Siddha, Homoeopathy and Yoga Colleges should be conducted separately. This will help in selecting candidates with an interest on these systems. State Governments who are admitting students on the merit basis may continue the existing procedure.

4. Minimum qualifications for admission to Ayurveda/ Unani/Siddha/Homoeopathy Colleges for the Graduate courses should be 10+2 with Science (Biology Group). Other provisions should be deleted. Provisions to teach Sanskrit for Ayurveda, Urdu or Persian or Hindi for Unani and Tamil for Siddha may be incorporated in the main course of 4,5 years.

5. Existing Graduate and Post Graduate Colleges of ISM&H may be strengthened by allocating more resources to meet the standards of CCIM and CCH.

6. Reorientation training programmes for in-service/semi-Govt. Teachers, physicians and private practitioners should be organised in a big way by State and Central Govt. For teachers it should be made essential to undergo reorientation training periodically.

7. State/Central Government should open separate degree level Collages in Pharmacy and Nursing, Diploma in Pharmacy should also be started. Affiliation with Pharmacy Council of India and Nursing Council of India should also be sought otherwise some alternative arrangement should be made for registration.

8. National Institutes like National Institute of Ayurveda, Jaipur, National Institute of Homoeopathy, Calcutta, Institute of Postgraduate Training and Research, Gujarat Ayurved Univesity, Jamnagar, Faculty of Ayurveda, Banaras Hindu University, Faculty of Unani,

Aligarh Muslim University and Hamdard Faculty of Unani be strengthened as apex treaching institutions in the country. The National Institutes of Unani Medicines at Bangalore, National Institute of Naturopathy, Pune, should be strengthened. National Institute of Siddha, Chennai and National Institute of Yoga, Delhi should be established in 9th Plan.

9. Teaching cadres for teachers of ISM&H separate from the general cadre of the Physicians of ISM&H in the State Governments.

10. Pay scales/promotional avenues of teachers for ISM&H colleges should be on the UGC pattern to attract talented persons.

**B. Research and Development in Indian systems of Medicines & Homoeopathy**

1. There is a need to restructure and reoganise the Central Research Councils i.e. CCRAs, CCRUM & CCRH by amalgamating the smaller units to form larger institutes at least one in each State with adequate staff and resources.

2. R&D is urgently required on national health and family welfare programmes by the Research Councils.

3. Universities, public and private sector research organisations need to be associated in R&D through extra-mural projects from Research Councils/Department of ISM&H

4. Some of the areas of research may be :-

   a. Drug proving (including clinical verifications and Pharmacological basis of theruapeutic uses).

   b. Drugs standardisation/pharmacopoeial standards

   c. Research relating to various National health programmes.

   d. Work on those diseases for which model therapy have no cure.

   e. Preventive and curative role of ISM&H in various epidemics.

   f. Research work relating to promotive health and preventive and social medicines.

   g. Literary research/translation and publication of rare books especially in ISM

   h. Research work on folk/tribal community oriented medicial plants etc.

   I. Agronomy/Agro techniques of medicinal plants

   j. Pharmacognosy/phyto-chemistry of medicinal plants

   k. Research on maintenance of goods physical and mental health/personality development etc.

**C. Issues relating to Standardisation of Drugs and Quality Control.**

1. There is need to evolve pharmacopoeial standards for ISM&H. Public sector research institutions should be associated in this work on project basis. Efforts be made to complete this work within the 9th Plan period.

2. Pharmacopoeial Laboratory for Indian Medicine and Homoeopathy Pharmacopoeial Laboratory at Ghaziabad should be strengthened by providing adequate funds.

3. State Government should develop their own drug testing laboratories.

4. To maintain quality control of manufacturing of Ayurveda, Siddha, Unani and Homoeopathic drugs, State Govts. should appoint more Drug Inspectors having qualifications and training in these systems of medicines.

5. The Drug Control Cell in Department of Indian Systems of Medicine and Homoeopathy should be strengthened.

6. Need to fromulate a National Policy on ISM&H drugs.

7. The Departments may consider introducing a scheme on the pattern of Agmark". AYUSH may be considered for this purpose. Only those products which are manufactured in accordance with the standards laid down and prescribed in the Official pharmacopoias and formularies be granted permission to use AYUSH.

Existing staff for the Govt. Of India, Deptt. Of ISM and State Govt. should be given power to take inspections for ensuring minimum standards of ISM&H Drugs.

**D. Increasing Availability of Raw Material of Plant, Mineral Metal, Marine and Animal Origin use in ISM&H Drugs by:-**

a. Formulation of a National Policy on raw material used in ISM&H products.

b. Development of agro-techniques of various plants used in ISM&H products.

c. Increasing supply of marine and animal products, minerals and metals.

d. Establishment of medicinal plants gardens in various agro-climatic zones.

e. Establishment of "Vanaspati Vans" of bigger areas of a few hundred acres in denudded forests and other areas.

f. Setting up of germ plasm banks of the medicinal plants used in ISM&H medicines.

g. Publicity and propagation about the uses of medicinal plants and cultivation techniques to the common masses and farmers.

All State Government as well as Central Government Departments are requested to formulate schemes to implement the above programmes by allocation of more resources for the purposes.

**(E) Effective use of IS&H Systems for "Health for All" and for better health care through various promotional programmes of ISM & H**

The Indian concepts of health promotion like dincharaya (daily routine), ritucharaya (seasonal behaviour), dietary practices, yoga practices, concepts of Sadvritta (good code of conduct), and the concepts of Hifzane-Sehat need to be propogated in the masses for health promotion and prevention of diseases.

All State Governments and Central Governments should utilise services of ISM&H practitioners for the propogation of these concepts by formulating proper schemes/programmes for the purpose.

**(F) National Programmes & Curative Medicine**

(i) With a view of utilising the wealth of knowledge of ISM&H and the six lakh practitioners of these systems, it is necessary to earmark an ISM&H component in all national Health and F.W. Programmes. These funds be utilised for R&D and the execution of these programmes through ISM&H personnel.

(ii) Through a net work of private and Government dispensaries exists in the rural and semi-urban areas of the country, there is a shortage of referral hospitals.

State/Central Government should establish block level and district level referral hospitals for Indian System of Medicine & Homoeopathy. Similary, referral hospitals at State and National level should also be established. This gap need to be filled up in the successive five year plans, but the beginning in big way should started from 9th plan itself.

There was concern expressed about the fact the Alloapathic Doctors are reluctant to serve in rural PHCs. Consequently, the areas covered by the PHC concerned is bereft of health services. It was proposed, as an experimental measures that ISM&H doctors be posted in such PHCs alongwith paramedical staff and adequate resources for procurement of medicines. If successful, it could be adopted as a standard practice.

NGOs/private sector having credibility in establishment the hospitals of Indian System of Medicine & Homoeopathy should also be supported to establish specialized hospital in these systems. State Governments and Central Government should keep tract while granting financial assistance to the potential NGOs.s. This gap need to be filled up in the successive five year plans starting from the 9th Plan. NGOs/Private Sector be associated in this task.

(iii) Presently there are 242 Allopathic and 74 CGHS Dispensaries/Units of ISM&H. There is a need to open ISM&H. There is need to open ISM&H in the ramaining 168 CGHS dispensaries.

(iv) ISM&H dispensaries should be opened in Railways/ P&T Departments. Similary, specialised clinic should be opened in Army/Air Force Hospitals.

(v) The conditions of the buildings of the ISM&H dispensaries in the various States are very poor. The State/Central Government should allocate resources to construct proper buildings. The assistance of funding agencies should also be sought for the purpose. These dispensaries being serving the far flung areas financial provisions to provide sufficient medicines should be made to serve the poor people.

(vi) Pay scales and service conditions of the doctors of the ISM&H should be equal to the doctors of Allopathy as has been implemented by the Central Government in CGHS, ESI etc.

**(G) Intellectural Property Right (IPR) Cell of ISM&H)**

(i) Some plant products like Haldi powder, Derivatives of Neem and Brahmi are being patented in United States. The work of applying for patents is highly technical scientists working in the field of ISM&H are not conversant with the procedures. Therefore, a "patent cell" be established in the Department which could take care of the country's heritage in this regard.

(ii) Interest has been evinced by various foreign countries regading education, drugs material and techniques of Ayurveda, Siddha, Unani, Yoga, and Naturopathy etc. There is a need to promote inernational exchange

programmes, increase the export of ISM&H drugs & other materials.

**(H) Funds for Development of ISM&H**

(i) Need for ensuring adequate flow of funds for the ISM&H sector by the Central Government and by the State Governments.

**I. Involvement of NGOs & The Private Sector.**

In veiw of financial involvement and to increase the flow of funds and utilise expertise available in NGOs/Private Sector, their association in all the programmes of the Department of ISM&H shall be encouraged, particularly in the fields of R&D, extension services in preventive and promotive health, in the field of curative medicine by encouraging these to set up private hospitals, teaching sector, cultivation of medicinal plants etc. in accordance with the presented rules/regulations.

**(J) Publicity for Indian System of Medicine & Homoeopathy**

1. The council stressess the need for making use of mass media for incresing public awareness about the treamtment etc. available under Indian Systems of Medicine and Homoeopathy and resolves that Central Government as well as State Government shall have separate bedget provision for publicity of Indian System of Medicine and Homoeopathy and steps shall be taken to :

   (i) Prepare short films, doucmentaries, slogas and spots on various treatments available lunder Ayurveda, Siddha, Unani and Homoeopathy for televising over Doordarshan.

   (ii) Prepare films on Yoga as a system to develop the individual which would be separately distributed to various primary health centres, schools etc.,

2. Various Research Councils under the Central Government shall prepare pamphlets, booklets and documentaries to highlight the research work done by them in their respective fields.

3. Special efforts shall be made to popularise the goods dietary habits and in the ante-natal and post-natal periods and safe and simple methods to protect new-born children from various ailments.

4. Seminars, Workshops and Health Melas especially in rural areas, shall be organised.

5. Publish success stories of Indian System of Medicine & Homoeopathy.

6. Pamphets be prepared in local languages for local distribution.

**(K) Yoga & Naturop – ATHY**

Keeping in view the global recognition of the science of yoga and drugless therapy of naturopathy, the Central Council of Heatlh & Family Welfare recommends that the Department of ISM&H should examine the feasibility of amending the Indian Medicine Central Council Act., 1970 so as to bring the practice of yoga and naturopathy under the perview of this Act.

**L. Separate Budget and organisational set up of ISM&H**

All the State Governments/UTs should allocate separate budget for the development of ISM&H. In those States where there is no separate Department of ISM&H, should establish the Directorates of ISM&H and fill up the necessary posts with technical personnel.

| Chairman | Co-Chairman |
|---|---|
| Working Group on | Working Group on |
| ISM & H | ISM & H |

**Setting up of Pre-Sea Training Institutes**

5666. SHRI K. PRADHANI : Will the Minister of SURFACE TRANSPORT be pleased to state :

(a) whether Government have a proposal to allow private sector to set up pre-sea training institutes;

(b) if so, the details of the private sectors organisations selected to set up such training institutes for seamen;

(c) the number of pre-sea training institutes proposed to be set up in the private sector; and

(d) the details of the liberalisation proposed to be made in the training policy for sea-men ?

THE MINISTRY OF SURFACE TRANSPORT (SHRI T.G. VENKATRAMAN) : (a) to (d) Yes Sir, Private Sector has been permitted to set up pre-sea training institutes. The approval would be granted by the Director General of Shipping after verifying the existance of minimum standards as laid down from time to time.